

FILED DEC 1 1948

State File No. \_\_\_\_\_

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Palmer Road Rural - Britton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community one hour years, months or days

3. (a) PRINT FULL NAME William M. Sellers

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb 4 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 9 19 hr. min.

9. Birthplace Crawford County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name George W. Sellers 9

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Mallow

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eileen Gastideau 1

(b) Address Palmer R. Potosi, Mo

17. (a) Removal (b) Date thereof Nov. 23 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sellers Cemetery

18. (a) Signature of funeral director Boyer Funeral Home

(b) Address Potosi, Missouri

19. (a) 11/24/48 (b) Haluk Kudal  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90  
(c) City or town Black 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23  
year 1948 hour 1:00 minute 2M

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19, to \_\_\_\_\_ 19, ;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration

Carbon monoxide poisoning

Due to Faulty Spark plug

automobile

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: -

(a) Accident, suicide, or homicide (specify) Accident 110

(b) Date of occurrence Nov 23 1948

(c) Where did injury occur? Rural  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) 3  
(e) Means of injury \_\_\_\_\_

23. Signature J. H. Dinkley (M. D. or other)

Address Potosi, Mo Date signed 11/23/48

MOTHER FATHER

1948B-14  
ADDITIONAL SUPPLEMENTARY PHYSICIAN INFORMATION REQUESTED  
Underline the cause to which death should be charged statistically.

DEC 7 1948

RECEIVED

District Health Officer No. 4  
District File Number 1148-14  
Date Filed 11-30-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Howard Keggins

Licensed Embalmer No. 4578

P. O. Address Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)			
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (In years last birthday) if under 1 year Months Days if under 1 mth. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>	

<b>13a. FATHER'S NAME</b>	<b>13b. MOTHER'S MAIDEN NAME</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
---------------------------	----------------------------------	------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b>	<b>ADDRESS</b>
--	--------------------------------	--	----------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a)		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, arising prior to the above cause (a) starting the underlying cause last.	<b>DUE TO (b)</b>	
	<b>DUE TO (c)</b>		
<b>11. OTHER SIGNIFICANT CONDITIONS</b>			

William Sellers died as a result of carbon-monoxide poisoning.

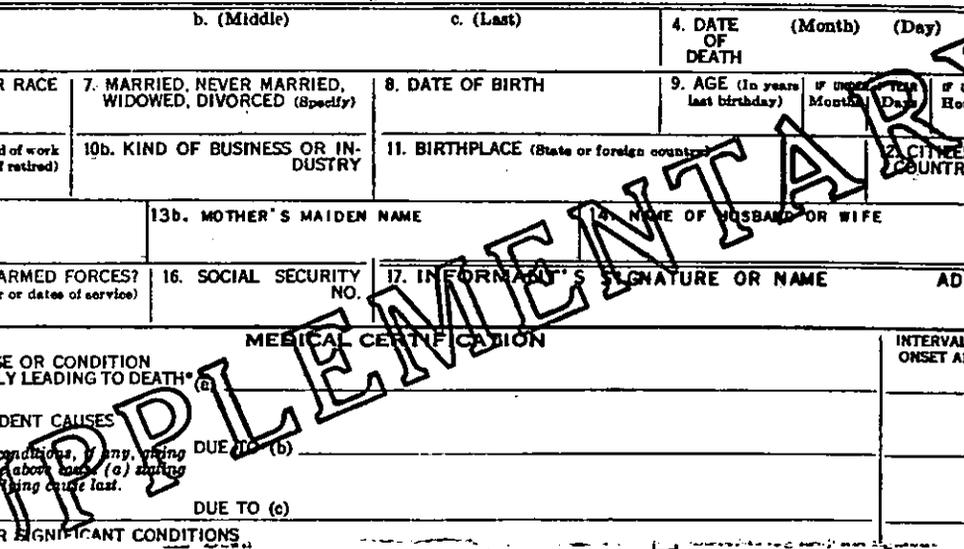
Traffic Authority (or Police) of State or City

MISSOURI STATE HIGHWAY PATROL

**ORIGINAL—NATIONAL OFFICE OF VITAL STATISTICS**

<b>2a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>2b. DATE</b>	<b>2c. NAME OF CEMETERY OR CREMATORY</b>	<b>2d. LOCATION</b> (City, town, or county)	(State)
<b>DATE REC'D BY LOCAL REG.</b>	<b>REGISTRAR'S SIGNATURE</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS		

WRITE PLAINLY—USING UNFADING INK OR ENK



39176